

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-036781

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 174

Primary Registration District No. 5644

Registrar's No. 81

STATE FILE NUMBER

FILED SEP 30 1963

1. PLACE OF DEATH

a. COUNTY Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Lexington

Length of stay in 1b
8 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Goodloe Home

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)
a. STATE Missouri b. COUNTY Lafayette

c. CITY OR TOWN Lexington

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
4 mi. SW. of Lexington

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

George

William

Huddleston

4. DATE OF DEATH

Month

Day

Year

Sept.

21

1963

5. SEX Male

6. COLOR OR RACE white

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH 6-16-1882

9. AGE (last birthday) 81

IF UNDER 1 YEAR IF UNDER 24 HR
Months 3 Days 5 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farm labor

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and state or country) Odessa, Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME

John W. Huddleston

13b. MOTHER'S MAIDEN NAME

Laura Lee

14. NAME OF HUSBAND OR WIFE

Elizabeth Ransberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)
no

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Geo. W. Huddleston Independence, Mo.

18. CAUSE OF DEATH (Enter only one cause per item 18a, 18b, and 18c)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

was dead before doctor was called.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Lexington, Mo. to 9-21-63 and last saw him alive on Monday 9-16-63 but he was not ill then - before 8 A.M. on the date stated above, and to the best of my knowledge, from causes stated.

22a. SIGNATURE

Joe W. Wanda

22b. ADDRESS

Lexington Mo

22c. DATE SIGNED

9-27-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9-23-1963

23c. NAME OF CEMETERY OR CREMATORY

City

23d. LOCATION (City, town, or county)

Higginsville

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Forrest A. Hoefer Higginsville, Mo.

25. DATE RECD. BY LOCAL REG.

9-23-63

26. REGISTRAR'S SIGNATURE

Marion S. Gaudin

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Farrest R. Hoefer

Licensed Embalmer No. 4358

P. O. Address Higginsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Issued Higginsville 9-23-63.
JW.